



**SAMHSA-HRSA
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Health Solutions**

**SAMHSA Primary Health Care Integration
Program 2014 Grantee Meeting**

August 11-13, 2014
Washington Marriott-Wardman Park
Washington, DC

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**Using Technology to
Effectively Care for Patients**

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Washtenaw's Pathway to Exchanging Behavioral Health Patient Information

Community Support and Treatment Services (CSTS)



In Partnership with:



Michael Harding Jr.
Chief Information Officer
Information Management/Performance Improvement
Community Support & Treatment Services
734-544-6818 (W) hardingm@ewashtenaw.org



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Washtenaw County CSTS

- Community Mental Health Center
- Integrated Health Service Provider
- Populations Served:
 - 2,630 Adults with Mental Illness
 - 860 Adults with Intellectual Disability
 - 566 Children with Severe Emotional Disturbance & Intellectual Disabilities

4,056 Total Served



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Why We Need Health Information Exchange

- Individuals with serious mental illness served by public mental health systems on average **die 25 years earlier** than the general population
 - Less likely to receive care for chronic physical health conditions
 - Affords the opportunity to provide quality care that treats the holistic view of the consumer
- Parks, J., et al. (2006). Morbidity and Mortality in People with Serious Mental Illness. Alexandria, VA: National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council

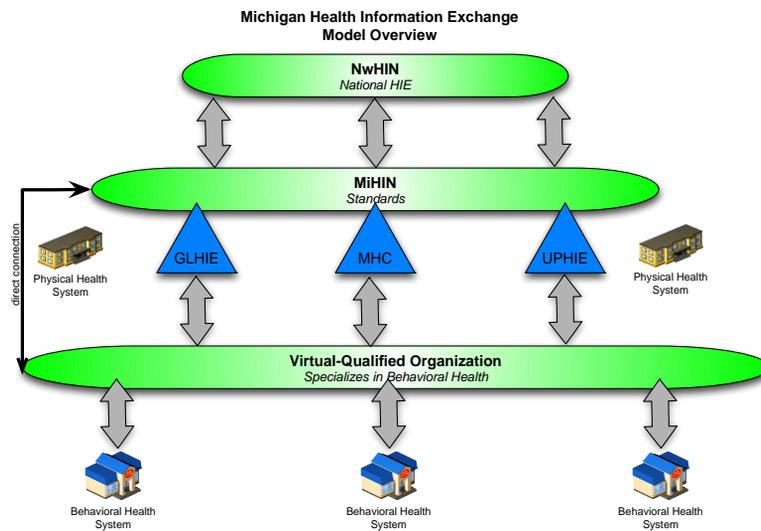
Project Background

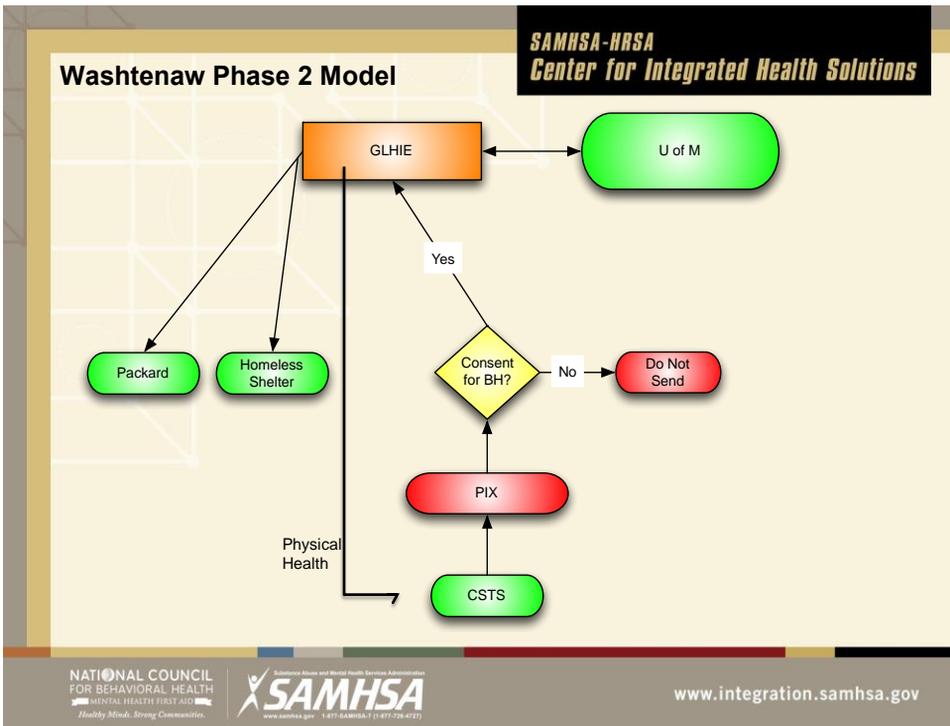
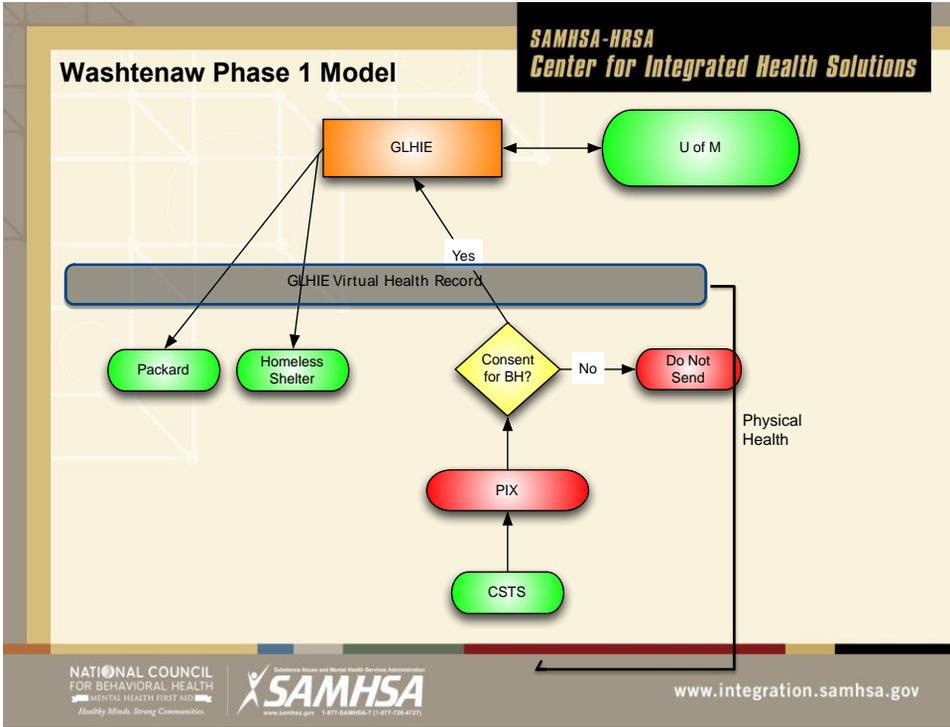
- 2012 Awarded a Supplemental HIT Grant to the PBHCI Grant
 - Meaningful Use Certification
 - Personal Health Record
 - Pre-Development of a Behavioral Health Consent for HIE Sharing
- 2013 Awarded Medicaid Match Project
 - Focus on sharing behavioral health information to three primary care agencies (Packard Health, Delonis Shelter, and U of M)

State-Wide Initiative

Unified Consent for Behavioral Health

- CIO Statewide Forum Developed Consent
- Presented to HIT Commission
- Passed by the House and Senate
- Expected to be signed by the Governor





Operationalizing of HIE in PBHCI: Internal

- Promotion
 - Staff
 - Consumers
 - Partnering Agencies
- Workflow Modifications
- Consent Education for Staff & Consumers
- Training

Operationalizing of HIE in PBHCI: External

- Bridging Partnering Agencies
 - All Partners were completely dedicated to the success of this project
 - Consumer Driven Focus
 - Technology
 - Query Based
 - Smaller attainable goals
 - Not using Direct Messaging for this project

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CONSENT TO DISCLOSE BEHAVIORAL HEALTH INFORMATION
Form ID: 248-405-1240

Individual Name (Print Name)	Organization	Position	Last Date of Care	Consent/Refusal

SIGNING THIS FORM WILL ALLOW THE INDIVIDUALS AND ORGANIZATIONS LISTED BELOW TO EXCHANGE AND USE YOUR BEHAVIORAL HEALTH INFORMATION FOR COORDINATING HEALTHCARE SERVICES

I, by signing this "Consent Form", I voluntarily authorize the individuals and organizations involved in my care and identified below to disclose, re-disclose, and otherwise share my behavioral health information among and between them as identified in Section II below:

- Catholic Social Services of Washoe County
- University of Michigan Health System
- Aurora Housing, Inc.
- Saint Joseph Mercy Health System
- Area Agency on Aging Commission
- Alpine Valley Ambulance

Additional individuals and organizations can be added at the top of the second page.

III. Information To Be Disclosed

consent to the disclosure of all behavioral health information
or
 do not consent to the disclosure of the following information (see instructions):

III. Personal Statements about this disclosure of confidential/protected information:

- I know what information will be disclosed and I understand that this authorization is voluntary.
- I understand that my decision on whether to sign this form will not affect my ability to obtain mental health or medical treatment, payment for treatment, health insurance enrollment or benefit eligibility.
- The purpose of the disclosure authorized in this form is to assist in diagnosing and treating my health conditions and in coordinating healthcare services.
- I agree that the information I agree to disclose may be shared electronically using secure methods to protect my healthcare information.
- I understand that the disclosure of my information will follow state and federal laws and regulations.
- I understand that Alcohol, Drug Abuse and Mental Health Records are subject to a higher standard of protection through federal law (42 CFR Part 2) and the Nevada Health Code. With my signature on this consent, I authorize the release of Alcohol, Drug Abuse and Mental Health Records.
- I have read this form and I have had it read to me in language I can understand. I have also had the opportunity to have my questions about this form answered.
- I understand that my withdrawal of my authorization at any time, I also understand that such withdrawal of my authorization may not prevent or stop disclosure of information previously authorized or previous action that has been taken based on this authorization.
- I understand that I have the right to refuse to sign this form, however, that will not prevent disclosure of my health information that may be disclosed under the law without my consent.

Individual granting Consent Signature: _____ Date Signed: _____
 Parent/Guardian/Authorized Representative Signature (if required):
 Parent Guardian Authorized Representative

Additional Individuals and Organizations - continued from previous page

7. Name of the Organization	8. Contact Name	9. Organization Health Plan	10. Under Association of Treatment Centers

Revoke my consent verbally.
If you wish to verbally revoke or revoke the consent you have provided in this form, please contact the primary care physician, case manager or other primary healthcare worker that you have listed in this form.

Revoke my consent in writing.
I understand that prior to my date of healthcare information my health information may have been disclosed to and stored (electronically or on paper) by one or more of the individuals and organizations named above, that treatment may have been provided based upon this information and that the standard of care will apply to the information previously disclosed. I revoke my consent(s) to the disclosure of my health information by completing the following section:
 As of _____, I hereby revoke the following consent(s) to the disclosure of my healthcare information:

 Any and all consents included in this Consent to Disclose Behavioral Health Information

Note: The organization you are working with to revoke consent can only administer the change for consents where they are identified as a party in the exchange.

Individual granting consent signature: _____ Date signed: _____
 Parent/Guardian/Authorized Representative Signature (if required):
 Parent Guardian Authorized Representative

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Case Studies

- Labs
 - 800 Lab Feeds a Week
 - Reduced Costs
 - Consumer Quality of Care
 - Transportation
 - Multiple Draws
 - Added Anxiety
- ADT
 - Operationalized ADT data that helps with coordination of care
- Physical Health Data
 - Medications, Allergies, Diagnosis

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Future.....

- People involved in consumer's care have access to all information that is relevant to their care
 - Jail Services
 - Homelessness Data
- Consumers' engaging in their own care through the use of HIE information
 - Utilizing Mobile Technologies
 - Personal Health Records

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We Can Do This!

Next time you go to a doctor's office think about the following:

- How many times you have to repeat the medications you are taking
- How many times you have to wait for your labs to get to your doctor's office
- How often you have to remember procedures that you had in the past
- What was your last BMI reading or Blood Pressure reading
- ***If you didn't have to do any of the above we are almost there!***

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Questions?

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“Integrated Care = Integrated Record”



**Grand Lake
Mental Health Center, Inc.
(GLMHC)**

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Grand Lake Mental Health Center, Inc

- Outpatient Behavioral/Physical Health Services
- Serving NE Oklahoma (over 5,000 square miles) since 1979
- 3,160 Active Clients – 2266 Adults and 894 Children
- 10 Physical Locations - 225 Staff
- 60/40 Medicaid Mix

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The Mindset of “AND”

- We can provide Services to Children.
“AND”
- We can provide Services to Adults.
“AND”
- We can provide Outpatient Mental Health Services.
“AND”
- We can provide Drug and Alcohol Treatment Services.
“AND”
- We can provide Outpatient Physical Health Services.

Using the EHR with the Mindset of “AND”

- The Electronic Health Record will provide us with information on our consumers mental illness.
“AND”
- Updated treatment of physical health issues.
“AND”
- Current Medications being prescribed for physical and mental health issues.
“AND”
- Can be retrieved anywhere at any time by any one with current permission to access our records.

Medical Health “AND” Mental Health

- Both services require support staff.
“AND”
- Both services require trained specialist.
“AND”
- Both services require an appointment.
“AND”
- Both services require treatment of a diagnosis.
“AND”
- Both services require documentation of what diagnosis is being treated.

Medical Health “AND” Mental Health (Continued)

- Both services can require lab work.
“AND”
- Both services can require a written prescription.
“AND”
- Both services have risk that must be reviewed for liability.
“AND”
- Both services have to go through billing process.
“AND”
- Both services have to be posted to an account when paid.

It would appear that a company providing
Mental Health Services could provide
Medical “AND” Mental Health with the same
Electronic Health Record and Support Staff.

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Models of Care

- Each project and setting is different – deciding what is right for agency and clients
 - Referral – Coordinate with local health providers
 - Co-Location – Services in same building or clinic – not linked administratively
 - Consultation - Mental health providers visit primary care setting on a regular basis
 - Integrated – Mental health and primary medical care are permanently attached and become a team or same person (GLMHC since March 2012)

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VHR-Integrated Medical View

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The screenshot displays a patient's medical record interface. At the top, patient information includes:

- Client Code: DUMMY
- Birth Date: 07-08-1979 (34)
- Status: OPEN
- Marital Status: Divorced
- Primary Staff: PAULA MANLEY
- Staff Super: PAULA MANLEY
- BHRS: PAULA MANLEY
- Allergies: NKDA, medication-specify, PERCOCET

 A memo notes: "Clt has moved out of rest care back to family as of 6-18-13". Below this is a calendar view for October and November 2013. The left sidebar lists various medical categories: Address - Phone, EHR, Diagnosis, Treatment Plan, Comp Assessment, Medications, AIMS Assessment, Vital Signs, Lab Orders, Episodes, and Task/Needs. The calendar shows several entries:

- Phone: 918-999-9999 (1/29/2013)
- Diagnosis: Axis 1 Type: S 312.9 DISRUPTIVE BEH, DIS/NOS; Axis 2 Type: P V71.09 NON-DIAGNOSTIC VISIT (10/5/2013)
- Treatment Plan: Treatment Plan Oct 23 2013 12:00AM to Apr 22 2014 12:00AM (10/23/2013)
- Medications: aspirin (aspirin) 1 500 mg twice a day 60 - - - - Start Date Jun 12 2013 11:02AM (10/15/2013)
- AIMS Assessment: 4/28/2011
- Vital Signs: 1/1/2013
- Lab Orders: 4/3/2013
- Episodes: 6/3/2011
- Task/Needs: 8/1/2009

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VHR - Flyover

STEVE 000000 Client Code: DUMMY Primary Staff: PAULA MANLEY Memo:
 Birth Date: 07-08-1979 (34) Staff Super: Clt has moved out of rest care back to family as of 6-18-13
 Status: OPEN BHRS: PAULA MANLEY
 Marital Status: Divorced Allergies: NKDA, medication-specify, PERCOCET

Calendar View:

- 1/29/2013: Phone (PHONE = 918-999-9999)
- 10/5/2013: EHR (Diagnosis: Axis 1 Type: S 312.9 DISRUPTIVE BEH. DIS/NOS; Axis 2 Type: P V71.09 NON-DIAGNOSTIC VISIT)
- 10/23/2013: Treatment Plan (Treatment Plan Oct 23 2013 12:00AM to Apr 22 2014 12:00AM)
- 10/24/2013: Comp Assessment
- 10/15/2013: Medications (aspirin (aspirin) 1 500 mg twice a day 60 Start Date Jun 12 2013 11:02AM)
- 4/28/2011: AIMS Assessment (BMI: 26 , BP: 140/80 , Smoking Status: Former smoker)
- 1/11/2013: Vital Signs
- 4/3/2013: Lab Orders
- 6/3/2011: Episodes (C-S Period: Jun 3 2011 12:00AM -)
- 8/1/2009: Task/Needs

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VHR - Drilldown

Vital Signs
 Client 000000, STEVE, DUMMY

Date	Time	Height (inches)	Weight (lbs)	Waist	BMI	Temp	Pulse
11/16/2013	11:00	65.5	160	32	26.2	98.8	92
1/11/2013	10:00	65.5	157	34	25.7	102.3	68
8/6/2012	11:00	62	170	32	31.1	98.6	85
12/6/2011	16:02	60	150		29.3	92.7	78

Current Vital Signs (11/16/2013 11:00):

- Height (inches): 65.5
- Weight (lbs): 160
- Waist: 32
- BMI: 26.2
- Temp: 98.8
- Pulse: 92
- Resp: 18
- Blood Pressure: 140 / 80 mmHg
- SpO2: 99
- Smoking Status: 3 Former smoker
- Other Tobacco Use: []
- Staff: [Paula Manley]

Attestations (where applicable):

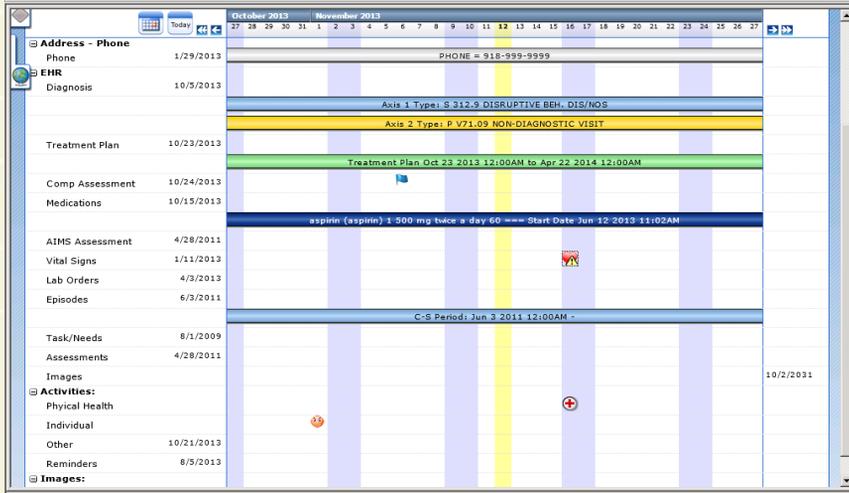
- Follow-Up Visit Scheduled for Weight Management - Adult
- Nutrition Counseling Provided - Child/Adolescent
- Smoking Cessation Intervention Discussed
- Physical Activity Counseling Provided - Child/Adolescent
- Flu Shot for Current Season

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VHR Shows All Activities



GLMHC – Medical Note

GLMHC – Medical/Family History

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Medical_Surgical_FamilyHx

Client 000000L, STEVE, DUMMY **Mark all that applies as reported by patient.** Date 1/11/2013

Client ID Maternal/Paternal/Both

Female:

- # of Pregnancy 2
- # of Childbirths 2
- # of Miscar/Abort 0
- Last Mens.Period n/a
- Last Pap < 5 years
- Last Mamo < 5 years
- On Birth Control Hysterectomy
- Self Breast Exam Does monthly

Male:

- Genital
- ED
- Last PSA

Last Colonoscopy Never performed

Last Immunization Last DT within 5 years

Surgical History:
D&C, C SECTION, TUBAL LIGATION

UPDATE: Record Date and Name Reason

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GLMHC – Exam if Necessary

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Address - Phone

Medical Note

Client 000000L, STEVE, DUMMY

General Appearance

HEENT

Neck

Cardiac

Lungs

GI

Musculoskeletal

Extremities

Lower Extremities

Neurological

Skin

Psychiatric Referred to Psychiatrist for identified problems

Diabetic Foot Exam

Psych Exam

Visit PH-ROS PH-Exam Dx and Plan

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GLMHC – Psych Exam

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Psych Exam

Client DUMMY, 000000DUMMY, DUMMY Date: / / Previous Appt. Date: / /

Psychiatric:

MENTAL STATUS: Appearance Hygiene Fund of Knowledge Attitude Mood Affect Insight Judgement Orientation Impulsivity Descript of Assoc. (Thought Process)

Description of Thought Process: Rate of Thoughts Content of Thoughts Abstract Reasoning Computation

Description of Speech: Rate of Speech Volume Articulation Coherence Spontaneity w/ Notation of Abnormalities

MEMORY: Immediate Short Term Long Term

ATTENTION: Span Concentration

LANGUAGE (Check boxes that apply):
Spoken: Not Evaluated Good Processing Good Pronunciation Adequate Grammar
Written: Not Evaluated Correct letter formation Writes spontaneously Meaningful Thought Organization

Musculoskeletal: Observed Side Effects (Check boxes that apply):
 No Abnormalities Noted Tremors Muscle Cramps
 Drowsy Weight Gain DAPT
 N/V Weight Loss Rash
 Drooling EPS Swelling

Description of Abnormal Psychotic Thoughts (Check boxes that apply):
 Within Normal Limits
 Hallucinations Suicidal Ideations?
 Delusions Homicidal Ideations?
 Obsessions Violent Ideations?
 Paranoid
Explain Abnormal Psych Thghts:

Diagnosis Information:
Axis I - Primary Axis II - Primary
Axis I - Secondary Axis II - Secondary
Axis I - Tertiary Neuroleptic Consent AIMS (See Assess Tab)

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GLMHC – DX and Plan

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Medical Note

Client 000000DUMMY, DUMMY, DUMMY

Physical Health Assessment/Diagnosis | Physical Health Procedure/Injections

Plan (must include diagnostic studies ordered, as well as medication changes and rationale)

Recommendations:Counseling/Education (Check boxes that apply):

- Review of possible medication interaction with food/ other medication(s).
- Review of risks, benefits, possible side effects of medication(s).
- Discussed potential for biohazards/metabolic syndrome associated with specific medication(s).
- Review of current medication(s), compliance.
- Review all med(s) to monitor med necessity by category, duplication and use of med(s).
- Pt agrees to current med(s) prescribed and continuation of Outpatient Services/PSR.
- Encourage wellness, smoke cessation, caffeine reduction, sleep, healthy diet, exercise as tolerated, and vocational rehab consideration.
- Caution with driving, hazardous equipment, ambulation.
- Gave After-Hour Crisis Line # 1-800-722-3611, reviewed access to IP via ER or 911.
- Patient education: Diabetes, Lifestyle Self Management; Nutrition and Exercise; Foot Care; Checking Your Blood Sugar.
- Patient education: Safety: Wearing Seat Belts while in a moving vehicle; Maintain a safe living environment.
- Patient education: STD Prevention, Risks and Use of Contraceptions.
- Patient education: Hypertension, Lifestyle Self Management; Checking BP.
- Advance Study Findings.
- Encouraged Wellness Program participation.
- Other

Referrals

Lab Ordered

Return to Clinic

Visit PH-ROS PH-Exam Dx and Plan

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GLMHC – Diagnosis Screen

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Medical Note
Client: 000000DUMMY, DUMMY, DUMMY

PH Diagnosis
Client: DUMMY, 000000DUMMY, DUMMY Date: 10/2/2013

Axis 3 - Assessment / Diagnosis Billing Activity Code: 99214

Dx 1: 789.4 3b- ABDOMINAL SWELLING, 3, ICD9 Dx 4: []
 Dx 2: [] Dx 5: []

Dx #	ICD Description	Diagnosis	Axis	Type	Billing Activity Code
1	DISRUPTIVE BEH DIS/NOS	312.9	1	S	
789.4	ABDOMINAL SWELLING	789.4	3	ICD 9	99214
789.6	ABDOMINAL TENDERNESS	789.6	3	ICD 9	99214
781.0	ABNORMAL INVOLUNTARY MOVEMENTS	781.0	3	ICD 9	99214
919.0	ABRASION	919.0	3	ICD 9	99214
595.0	ACUTE CYSTITIS	595.0	3	ICD 9	99212
461.9	ACUTE SINUSITIS	461.9	3	ICD 9	99213
895.20	ADVERSE EFFECT OF PROGESTIN-CONTAINING CONTRACEPTIVE	895.20	3	ICD 9	99213
V25.09	ADVISE CONTRACEPTIVE MANAGEMENT	V25.09	3	ICD 9	99203
477.9	ALLERGIC RHINITIS	477.9	3	ICD 9	99213
477.0	ALLERGY DUE TO POLLEN	477.0	3	ICD 9	99213
626.0	AMENORRHEA	626.0	3	ICD 9	99203
744.3	ANAMNOSIS OF EAR, UNSPECIFIED	744.3	3	ICD 9	
285.9	ANEMIA UNSPECIFIED	285.9	3	ICD 9	
413.9	ANGINA UNSPECIFIED	413.9	3	ICD 9	
719.40	ARTHRALGIA UNSPECIFIED	719.40	3	ICD 9	

Visit PH-ROS PH-Exam

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GLMHC - Referrals

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Medical Note
Client: 000000DUMMY, DUMMY, DUMMY

PH Referrals
Client: DUMMY, 000000DUMMY, DUMMY Date: 4/3/2013

Ordering Provider: SUSA JOAN, JOHNSON

Referral To: Craig General Hospital ED
 Address: []
 City: [] State: [OK] ZIP: []
 Phone: [] Fax: []
 Reason: cp

Referral Completed By: SUSA JOAN, JOHNSON
 Results Received / Image in CDT: [] Date Received: []
 Program Enrollment Completed By: []

Date	Referral To	Reason
4/3/2013	Craig General Hospital ED	cp
4/20/2012	GLMHC Movement Program	Increase exercise
4/20/2012	GLMHC Smoking Cessation Program	decrease tobacco use

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GLMHC - Labs

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The screenshot shows a web-based medical note interface. At the top, it says "Medical Note" and "Client: 000000DUMMY, DUMMY, DUMMY". There are tabs for "Physical Health Assessment/Diagnosis" and "Physical Health Procedure/Injections". A "Plan (must include)" dropdown is set to "GLMHC Lab Order". On the left, there is a "Recommendations/Counsel" section with various checkboxes. The main area displays a "GLMHC Lab Order" form with fields for "Lab Order" (CRP-CARDIAC RISK), "Instructions", "Order Date" (4/3/2013), "Lab Start" (4/3/2013), "Lab End" (4/3/2013), and "Ordering Staff" (SISA, JOHNSON, JOAN). There is also an "Additional Notes" section and a "Lab Order" list at the bottom.

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GLMHC – Integrated Pharmacy

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The screenshot shows the "Precision Rx Pharmacy" interface. At the top, there is a menu bar with "File", "Edit", "View", "Favorites", "Tools", and "Help". Below the menu are several icons: "Ticket Search", "Rx Pickup", "Rx Search", "Receive Stock", and "Process Return". The main area features the "Precision Rx Pharmacy" logo, which consists of a blue circle containing a red triangle with a smaller blue triangle inside it. The background is a light blue gradient.

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Substance Abuse and Mental Health Services Administration
www.samhsa.gov 1-877-SAMHSA-7 (1-877-726-4737)

www.integration.samhsa.gov

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Center for Integrated Health Solutions

Integrated Care/Record Takeaways

- Clinical – Consumer PHI in one record
- Financial – Consider Coder to maximize integration initiatives, especially sustainability
- Consumers – One location/provider for behavioral, primary medical, and pharmacy

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Questions?

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About Our Presenters

Michael Harding, Chief Information Officer, Community Support and Treatment Services (CSTS) which is Washtenaw County's core mental health service provider. He began serving in this role in December of 2011. Previously he served as the Chief Information Officer for the Washtenaw Community Health Organization (WCHO), who is the primary funder for Washtenaw County community mental health services, from 2001-2011.

Steve LaFleur, Chief Information Officer, has worked in Behavioral Health settings since 1992 as a therapist, administrator and information systems officer. He has extensive experience in implementing electronic clinical records and leadership in business use of technology and information

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Deborah Ward, Project Director, has been a nursing professional since 1992, has worked in Behavioral Health providing nursing care and management to patients, latency through adult, in both inpatient and outpatient settings. She has coordinated Diabetes Self-Management Education Programs and has worked in Cardiovascular Nursing and pain management.

Sharon Thatch, RN